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CONFIRMATION NO. 4298

<b>SERIAL NUMBER</b> 09/885,414	<b>FILING OR 371(c) DATE</b> 06/21/2001 <b>RULE</b>	<b>CLASS</b> -602	<b>GROUP ART UNIT</b> 3764	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> Andrei Igorevich Averianov, Moscow, RUSSIAN FEDERATION; Ksenia Alexandrovna Semenova, Moscow, RUSSIAN FEDERATION; Vitaly Vitorovich Chugunov, Moscow, RUSSIAN FEDERATION;					
<b>** CONTINUING DATA *****</b> <i>NONE</i> <i>FHD</i>					
<b>** FOREIGN APPLICATIONS *****</b> RUSSIAN FEDERATION 2000115794 06/21/2000 <i>OK</i> <i>FHD</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 08/14/2001</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <i>FHD</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> RUSSIAN FEDERATION	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Ilya Zborovsky 6 Schoolhouse Way Dix Hills ,NY 11746					
<b>TITLE</b> Device for users suffering from sequels of central nervous system and locomotrium affection of body					
<b>FILING FEE RECEIVED</b> 550	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		